

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
2	1						51		1				
3		1					52		1				
4	1						53		1				
5		1					54		1				
6	1						55		1				
7		1					56		1				
8		1					57		1				
9		1					58		1				
10	cancel						59		1				
11		1					60		1				
12		1					61		1				
13		1					62		1				
14		1					63		1				
15		1					64		1				
16		1					65		1				
17		1					66	cancel	8				
18		1					67		8				
19		1					68		1				
20		1					69		1				
21		1					70	1					
22		1					71		1				
23	cancel						72		1				
24							73		1				
25							74		1				
26	1						75		1				
27		1					76		1				
28	1						77		1				
29		1					78		1				
30		2					79		1				
31		2					80		1				
32		2					81		1				
33	cancel						82		1				
34	1						83		1				
35	1						84		1				
36		2					85		1				
37		2					86						
38		2					87						
39		2					88						
40		2					89						
41		2					90						
42		2					91						
43	cancel						92						
44							93						
45							94						
46							95						
47	1						96						
48		1					97						
49		1					98						
50		1					99						
TOTAL IND.	9						100						
TOTAL DEP.	89						TOTAL IND.						
TOTAL CLAIMS	98						TOTAL DEP.						
							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS